



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4361

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/710,362	07/04/2004	709	2153			
<b>APPLICANTS</b> Eric Schneider, University Heights, OH; <b>** CONTINUING DATA *****</b> <b>OCV, August 2008</b> This application is a CON of 09/653,100 08/31/2000 PAT 6,760,746 and is a CIP of 09/650,827 08/30/2000 PAT 6,901,436 and is a CIP of 09/644,587 08/23/2000 PAT 6,973,505 and is a CIP of 09/598,134 06/21/2000 PAT 6,895,430 and is a CIP of 09/532,500 03/21/2000 PAT 7,136,932 and said 09/653,100 08/31/2000 is a CIP of 09/525,350 03/15/2000 PAT 6,338,082 and is a CIP of 09/440,606 11/15/1999 PAT 6,442,549 and claims benefit of 60/175,825 01/13/2000 and claims benefit of 60/160,125 10/18/1999 and claims benefit of 60/157,075 10/01/1999 and claims benefit of 60/153,594 09/13/1999 and claims benefit of 60/153,336 09/10/1999 and claims benefit of 60/152,015 09/01/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>OCV, August 2008</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>SMALL ENTITY **</b> 08/13/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ONDREJ C VOSTAL/</u> <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 32	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> ERIC SCHNEIDER 1730 SOUTH FEDERAL HWY #104 DELRAY BEACH, FL 33483 UNITED STATES						
<b>TITLE</b> METHOD, PRODUCT, AND APPARATUS FOR PROCESSING A DATA REQUEST						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			